Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | | |
|----|---|--|---|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | | | | |
| | Write the name that is on | Kiersten | | | |
| | your government-issued picture identification (for | First name | First name | | |
| | example, your driver's license or passport). | D. | | | |
| | | Middle name | Middle name | | |
| | Bring your picture identification to your meeting | Clemons | | | |
| | with the trustee. | S Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5640 | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 2 of 50

| De | btor 1 <u>Clemons, Kierste</u> | n D | Case number (if known) | | | |
|---|---|---|--|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EiNs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | · | If Debtor 2 lives at a different address: | | | |
| | | 823 S 13th Ave Maywood, IL 60153-1801 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing | Check one: | | | | |
| this district to file for bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | , | | · | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 3 of 50

| Debtor 1 Clemons, Kiersten D. | | | | | Case number (if known) | | | | |
|-------------------------------|--|--------------------|---|---|--|--|-----------|--|--|
| Par | t 2: Tell the Court About | Your Ban | kruptcy Ca | se | | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | | | • | | | | | | |
| | | ☐ Cha _l | | | | | | | |
| | | ☐ Cha | • | | | | | | |
| | | ☐ Cha _i | pter 13 | | | | | | |
| 8. | How you will pay the fee | at at | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | | | | | otion, sign and attach the Application for Individuals to F | Pay The | | |
| | | ☐ II | request that ot required to | o, waive your fee, and may do | y request this opti so only if your inc | ion only if you are filing for Chapter 7. By law, a judge note is less than 150% of the official poverty line that a | pplies to | | |
| | | | | | | ents). If you choose this option, you must fill out the <i>App</i> B) and file it with your petition. | olication | | |
| 9. | Have you filed for bankruptcy within the last | | | | | | | | |
| | 8 years? | ☐ Yes. | D:-4-:-4 | | lA On our | Construction | | | |
| | | | District District | | When When | Case number Case number | | | |
| | | | District | | When | Case number | | | |
| | | | Diamot | | _ ****** | | | | |
| 10. | Are any bankruptcy cases | ■ No | | | | | | | |
| | pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | • | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | □ No. | Go to I | ine 12. | | | | | |
| | residencer | ■ Yes. | Has yo | our landlord obtained an eviction | on judgment again | nst you and do you want to stay in your residence? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial Statement</i> bankruptcy petition. | About an Eviction | n Judgment Against You (Form 101A) and file it with t | his | | |
| | | | | | | | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 4 of 50

| Deb | otor 1 Clemons, Kierste | en D. | | Case number (if known) | | | |
|---|--|---------------------|--|---|--|--|--|
| | | | | | | | |
| Par | Report About Any B | sessenisu | You Own as a Sole Pro | prietor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and location | of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, i | fany | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | y, State & ZIP Code | | | | | |
| | to this petition. | | Check the appropria | ate box to describe your business: | | | |
| | | | ☐ Health Care | Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asse | t Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stockbroker | (as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Commodity | Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ☐ None of the | above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | the court must know whether you are a small business debtor so that it can set appropriate are a small business debtor, you must attach your most recent balance sheet, statement of and federal income tax return or if any of these documents do not exist, follow the procedure in 11 | | | | |
| | For a definition of small | ■ No. | No. I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am filing under Ch | apter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own o | r Have Any | Hazardous Property o | or Any Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat o imminent and identifiable hazard to public health or | f 🗆 Yes. | What is the hazard? | | | | |
| | safety? Or do you own any property that needs immediate attention? | _ | If immediate attention needed, why is it needed | | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property? | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Page 5 of 50

Document Clemons, Kiersten D. Case number (if known) Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

| 3 | Incapacity. |
|---|-------------|
| | |

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not req | uired to | receive a | briefing | about | credit |
|--------------|----------|-----------|----------|-------|--------|
| counseling | because | of: | | | |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 6 of 50

| Deb | tor 1 Clemons, Kierster | <u>n D.</u> | | | Case numb | Def (if known) | |
|-----|--|----------------------|--|---|--|--|--|
| Par | 6: Answer These Question | ons for Re | porting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily busines for a business or investment or thro | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe that | are not consumer | debts or business | s debts | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do you paid that funds will be available to di | | | rty is excluded and administrative expenses are | |
| | administrative expenses are paid that funds will be | | ■ No | | | | |
| | available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | | 1 -49 | | 1,000-5,000 | | □ 25,001-50,000 | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | _ | 50,001-100,000 | |
| | | ☐ 100-1: ☐ 200-9: | | □ 10,001-25,000 |) | ☐ More than100,000 | |
| 19. | | \$ 0 - \$ | 50.000 | \$1,000,001 - \$ | 510 million | □ \$500,000,001 - \$1 billion | |
| | estimate your assets to be worth? | | 01 - \$100,000 | \$10,000,001 - | | ☐ \$1,000,000,001 - \$10 billion | |
| | 20 | | 001 - \$500,000 | \$50,000,001 - | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| | | □ \$500, | 001 - \$1 million | | - \$500 mmon | La More than \$50 billion | |
| 20. | How much do you | = \$0 - \$ | 50,000 | 51,000,001 - \$ | 10 million | ☐ \$500,000,001 - \$1 billion | |
| | estimate your liabilities to be? | | 01 - \$100,000 | \$10,000,001 - | | □ \$1,000,000,001 - \$10 billion | |
| | | | 001 - \$500,000 | \$50,000,001 - | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | |
| | Activities and the second seco | LJ \$500, | 001 - \$1 million | | 4000 mm.nom | | |
| Par | 7: Sign Below | | | | | | |
| For | you | I have ex | amined this petition, and I declare und | der penalty of perju | ry that the informa | ation provided is true and correct. | |
| | | | chosen to file under Chapter 7, I am ode. I understand the relief available u | | | e, under Chapter 7, 11,12, or 13 of title 11, United proceed under Chapter 7. | |
| | | If no attor | rney represents me and I did not pay ained and read the notice required by | or agree to pay son 11 U.S.C. § 342(b) | neone who is not a | an attorney to help me fill out this document, I | |
| | | I request | relief in accordance with the chapte | er of title 11, United | States Code, sp | ecified in this petition. | |
| | Х | understa | and making a false statement, concer result in fines up to \$250,000, or imp | aling property, or ob orisonment for up to | otaining money or 20 years, or both | property by fraud in connection with a bankruptcy n. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | |
| | / | | n D. Clemons e of Debtor 1 | - | Signature of Deb | tor 2 | |
| | | Executed | on July 25, 2016 | | Executed on | | |
| | | | MM / DD / YYYY | | M | IM / DD / YYYY | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 7 of 50

| Debtor 1 Clemons, Kierst | en D. | Cas | Case number (if known) | | | |
|---|--|-----------------------------|---|--|--|--|
| | Laboration of the debay (a) and de deire | | | | | |
| For your attorney, if you are represented by one | Chapter 7, 11, 12, or 13 of title 11, United State | es Code, and have explained | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ice required by 11 U.S.C. § 342(b) and, in a case in | | | |
| If you are not represented by an attorney, you do not need to file this page. | | | ry that the information in the schedules filed with the | | | |
| | /s/ Michael R. Richmond | Date | July 25, 2016 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Michael R. Richmond | | | | | |
| | Printed name | | | | | |
| | Heller & Richmond, Ltd. | | | | | |
| | Firm name | | | | | |
| | 33 N Dearborn St Ste 1907 | | | | | |
| | Chicago, IL 60602-3828 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone (312) 781-6700 | Email address | mrichmond@hellerrichmond.com | | | |
| | 3124632 | | | | | |
| | Bar number & State | | | | | |
| | | | | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main

| | 300 10 24700 | Docume Docume | nt Page 8 of 50 | <u> </u> | iviani |
|----------------------|-----------------------------|---|---|---------------------------|--|
| Fill in this inform | mation to identify your | case and this filing: | | | |
| Debtor 1 | Kiersten D. Clem | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | 1 | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS, EASTERN DIVISION | _ (| |
| Case number | | | | | l Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Fo | rm 106A/B | | | | |
| Schedul | e A/B: Prop | pertv | | | 12/15 |
| n each category, s | eparately list and describ | e items. List an asset only one | ce. If an asset fits in more than one category | | |
| | e space is needed, attach | | people are filing together, both are equally On the top of any additional pages, write | | |
| Part 1: Describe | Each Residence, Building | յ, Land, or Other Real Estate Y | ou Own or Have an Interest In | | |
| 1. Do you own or h | nave any legal or equitable | e interest in any residence, bu | ilding, land, or similar property? | | |
| ■ No. Go to Par | t 2. | | | | |
| ☐ Yes. Where is | s the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| someone else driv | es. If you lease a vehicle | | les, whether they are registered or no E: Executory Contracts and Unexpired L | | s you own that |
| ☐ Yes | | | | | |
| • | · · · | | vehicles, other vehicles, and accessors, snowmobiles, motorcycle accessories | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| | | | ries from Part 2, including any entries | | \$0.00 |
| Part 3: Describe | Your Personal and Hous | ehold Items | | | |
| Do you own or h | nave any legal or equita | able interest in any of the fo | ollowing items? | | rrent value of the |
| | | | | Do | rtion you own? not deduct secured ims or exemptions. |
| Examples: Ma □ No | , , | linens, china, kitchenware | | | · |
| Yes. Descri | | | | | ¢750.00 |
| | furniture | | | | \$750.00 |
| inc | | io, video, stereo, and digital e neras, media players, games | quipment; computers, printers, scanners | s; music collections; ele | ctronic devices |
| ■ No | | | | | |

☐ Yes. Describe.....

| Debtor 1 | Case 16-2 | | Doc 1 | Filed 08/02/16 Document | Entered 08/02/16 10:3 Page 9 of 50 | | Desc Main |
|--|---|--------------|----------------|--|---|--------------|---|
| | | CISCII D | <u>•</u> | | | | |
| | bles of value les: Antiques and f collections, m | | | s, or other artwork; books | , pictures, or other art objects; stamp | , coin, or b | aseball card collections; other |
| ■ No □ Yes. | Describe | | | | | | |
| Exampl | ent for sports an les: Sports, photog instruments | | | ner hobby equipment; bicy | vcles, pool tables, golf clubs, skis; car | noes and k | ayaks; carpentry tools; musical |
| ■ No □ Yes. | Describe | | | | | | |
| ■ No | | , shotguns | s, ammunition | and related equipment | | | |
| | | | | | | | |
| 11. Clothe <i>Exam</i> ☐ No | | hes, furs, I | leather coats, | designer wear, shoes, ac | cessories | | |
| Yes. | Describe | | | | | 1 | |
| | | wearing | g apparel | | | j | \$600.00 |
| 13. Non-fa Examp ■ No □ Yes. 14. Any ot ■ No □ Yes. | Give specific info | I househo | old items you | | luding any health aids you did no | Г | |
| | | | | om Part 3, including any | entries for pages you have attacl | ned for | \$1,350.00 |
| Part 4: De | scribe Your Financ | cial Assets | | | | | |
| | | | uitable intere | st in any of the followin | g? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash <i>Exam</i> ☐ No | oles: Money you ha | ave in your | wallet, in you | home, in a safe deposit l | pox, and on hand when you file your p | etition | |
| Yes. | | | | | | | |
| | | | | | Cash on | Hand | \$700.00 |
| Exam _l ■ No | | | | accounts; certificates of dounts with the same insti | · | rage house | es, and other similar |

☐ Yes.....

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Page 10 of 50 Case number (if known) Document Debtor 1 Clemons, Kiersten D. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **Pension Plan Post Office Pension** unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

■ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

| D | ebtor 1 | Case 16-24 | | Doc 1 | Filed 08/02/16 Document | Entered 08/02/16 10:38:11 Page 11 of 50 Case number (if known) | Desc Main |
|-----|------------------------|--|----------------------|-----------------------------|---|---|--------------------------------|
| יט | ebioi i | Clemons, Kiers | ten D | • | | Case number (ii known) | |
| 29. | ■ No | | | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| 30. | Examp ■ No | mounts someone o les: Unpaid wages, d unpaid loans yo Give specific informa | lisability u made | insurance pa | | ts, sick pay, vacation pay, workers' compensat | ion, Social Security benefits; |
| 31. | | ts in insurance polic es: Health, disability, | | insurance; he | ealth savings account (H\$ | SA); credit, homeowner's, or renter's insurance | |
| | ☐ Yes. N | Name the insurance o | | y of each pol pany name: | icy and list its value. | Beneficiary: | Surrender or refund value: |
| 32. | If you a died. ■ No | | a living | | someone who has died proceeds from a life insu | d rance policy, or are currently entitled to receive | property because someone has |
| | Examp No Yes. Other c | les: Accidents, emplo Describe each claim | oyment | disputes, ins | surance claims, or rights | or made a demand for payment to sue counterclaims of the debtor and rights to s | set off claims \$1,800.00 |
| _ | | | | Васк | спиа ѕиррогт | | |
| | ■ No □ Yes. | ancial assets you d | ation | | Day 4 to be 15 | | |
| 30 | | | | | | y entries for pages you have attached for | \$2,500.00 |
| Pa | art 5: Des | scribe Any Business-F | Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| | No. Go | | or equit | able interest | in any business-related pi | roperty? | |
| Pa | | scribe Any Farm- and ou own or have an inter | | | Related Property You Own Part 1. | n or Have an Interest In. | |
| 46. | | own or have any le | gal or | equitable in | erest in any farm- or c | ommercial fishing-related property? | |
| | ☐ Yes. | Go to line 47. | | | | | |

Official Form 106A/B Schedule A/B: Property page 4

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

Page 12 of 50
Case number (if known) Document Debtor 1 Clemons, Kiersten D. 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,350.00 Part 4: Total financial assets, line 36 58. \$2,500.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$3,850.00 \$3,850.00

Entered 08/02/16 10:38:11

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\$3,850.00

Official Form 106A/B Schedule A/B: Property page 5

Case 16-24769

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Filed 08/02/16

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main

| | | | II FAUE IS ULSU | |
|---|------------------------|---|-----------------|---|
| Fill in this inform | ation to identify your | case: | | |
| Debtor 1 | Kiersten D. Clem | ons | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | 1 |
| Case number | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|---|---|-----------------------------------|---|------------------------------------|--|
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | | | |
| | furniture Line from Schedule A/B. 6.1 | \$750.00 | | \$750.00 | 735 ILCS 5/12-1001(b) | |
| | Line non Schedule A/L 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | wearing apparel Line from Schedule A/B 11.1 | \$600.00 | | \$600.00 | 735 ILCS 5/12-1001(a) | |
| | Line non schedule A/L 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash on Hand Line from Schedule A/B 16.1 | \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(b) | |
| | Elle Holl Genedale 742. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Post Office Pension Line from Schedule A/B 21.1 | Unknown | | | 735 ILCS 5/12-1006 | |
| | Line from Scriedule A/B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Back child support Line from Schedule A/B 34.1 | \$1,800.00 | | \$1,800.00 | 735 ILCS 5/12-1001(b) | |
| | Line nom Schedule A/D. 34.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 14 of 50

| 3. | | aiming a homestead exemption of more than \$160,375? adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |
|----|--------|--|
| | No | |
| | Yes. I | Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |
| | | No |
| | | Yes |

Official Form 106C

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main

| | | 13(1) 1111 | 111 11111 111 111 111 |
|---|-------------------------|-------------------|-------------------------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Kiersten D. Clem | ons | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main

| | | | Document | Page 1 | 6 of 50 | | |
|--|---|---|---|---------------------------------|--|--|--|
| Fill in th | is information to identify yo | our case: | | | | | |
| Debtor 1 | Kiersten D. CI | emons | | | | | |
| | First Name | Middle N | lame | Last Name | | _ } | |
| Debtor 2 (Spouse if, | filing) First Name | Middle N | lomo | Last Name | | | |
| (Spouse II, | illing) i list Name | | | | | | |
| United S | tates Bankruptcy Court for the | e: NORTHERI | N DISTRICT OF ILL | INOIS, EAST | TERN DIVISION | | |
| Case nui | mber | | | | | | |
| (if known) | | | _ | | | - | check if this is an |
| | | | | | | a | mended filing |
| Officia | I Form 106E/F | | | | | | |
| | lule E/F: Creditors | Who Have | Unsecured (| Claims | | | 12/15 |
| | plete and accurate as possible | | | | art 2 for creditors wit | h NONPRIORITY claim | |
| Schedule (D: Credito the Contin | tory contracts or unexpired lea G: Executory Contracts and Un rs Who Have Claims Secured b uation Page to this page. If you per (if known). | expired Leases (Of by Property. If more u have no informati | fficial Form 106G). Do space is needed, cop on to report in a Part, | not include a by the Part yo | any creditors with par u need, fill it out, nun | tially secured claims to the the entries in the | hat are listed in Schedule boxes on the left. Attach |
| Part 1: | List All of Your PRIORITY | | | | | | |
| _ | ny creditors have priority unsec | cured claims agains | st you? | | | | |
| _ | o. Go to Part 2. | | | | | | |
| □ Ye | _ | DITY !! | a | | | | |
| Part 2: | List All of Your NONPRIO | | | | | | |
| 3. Do ar | ny creditors have nonpriority u | nsecured claims ag | jainst you? | | | | |
| □ No | You have nothing to report in the | nis part. Submit this | form to the court with ye | our other sche | dules. | | |
| ■ Ye | es. | | | | | | |
| unsec | Ill of your nonpriority unsecure cured claim, list the creditor separ one creditor holds a particular cla | ately for each claim. | For each claim listed, | identify what ty | pe of claim it is. Do no | t list claims already incl | uded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | Acl Laboratories | | Last 4 digits of acco | unt number | 7648 | | \$214.00 |
| | Nonpriority Creditor's Name | _ | When wer the debt : | | Unlengue | | |
| | I11 N Wabash Ave Ste 1 | 600 | When was the debt i | ncurrea r | Unknown | | - |
| | Chicago, IL 60602-3051 | | | | | | |
| 1 | Number Street City State Zlp Cod | le | As of the date you fi | le, the claim i | s: Check all that apply | | |
| 1 | Who incurred the debt? Check of | one. | | | | | |
| I | Debtor 1 only | | ☐ Contingent | | | | |
| [| Debtor 2 only | | ☐ Unliquidated | | | | |
| [| Debtor 1 and Debtor 2 only | | ☐ Disputed | | | | |
| [| $oldsymbol{\square}$ At least one of the debtors and | danother | Type of NONPRIORI | TY unsecured | d claim: | | |
| | \square Check if this claim is for a \circ | ommunity | Student loans | | | | |
| | lebt s the claim subject to offset? | | Obligations arising report as priority claim | | ration agreement or div | vorce that you did not | |
| | No | | | | g plans, and other simi | lar debts | |
| [| ☐Yes | | Other. Specify | | | | |
| | | | | | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 17 of 50
Case number (f know)

Debtor 1 Clemons, Kiersten D. 4.2 \$3,280.00 **Bonnie Brook Apartments** Last 4 digits of account number M501 Nonpriority Creditor's Name When was the debt incurred? 1919 N Lewis Ave Waukegan, IL 60087-4739 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **CAPITAL ONE BANK** Last 4 digits of account number unknown Nonpriority Creditor's Name When was the debt incurred? 11013 W. Broad St. Glen Allen, VA 23060 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 **CITY OF CHICAGO** Last 4 digits of account number \$350.00 5140 Nonpriority Creditor's Name When was the debt incurred? **Department of Revenue** PO Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 18 of 50

Debtor 1 Clemons, Kiersten D. Case number (if know) 4.5 \$25.00 **Elmhurst Radiologists** Last 4 digits of account number 8611 Nonpriority Creditor's Name When was the debt incurred? 44000 Garfield Rd Clinton Township, MI 48038-1125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Fed Loan Serv Last 4 digits of account number 0002 \$7,734.00 Nonpriority Creditor's Name When was the debt incurred? 2011-12 PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 **Fed Loan Serv** Last 4 digits of account number 0001 \$3,864.00 Nonpriority Creditor's Name When was the debt incurred? 2011-12 PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 19 of 50 Case number (fr know)

| DCDI | Ciemons, Riersten D. | | Case Harriser (I know) | |
|------|--|---|--|----------|
| 4.8 | Loyola University Health Syste | Last 4 digits of account number | 1301 | \$360.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2016-03 | |
| | 2160 S 1st Ave | | 20.000 | |
| | Maywood, IL 60153-3328 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | 1 claim | |
| | At least one of the debtors and another | ☐ Student loans | a diami. | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of averse that you do not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | | | |
| 4.9 | Loyola University Health Systems | Last 4 digits of account number | 3857 | \$197.55 |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | 2160 S 1st Ave | | | |
| | Maywood, IL 60153-3328 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | □ Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | · | 5 | |
| | Li Tes | Other. Specify | | |
| 4.10 | Loyola University Medical Center | Last 4 digits of account number | 1858 | \$210.62 |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | PO Box 3021 | when was the dest mounted. | | |
| | Milwaukee, WI 53201-3021 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other circular delete | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other Specify | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 20 of 50

| Debio | Clemons, Kiersten D. | Case number (it know) | |
|-------|---|---|----------|
| 4.11 | MID AMERICA BANK | Last 4 digits of account number | unknown |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 1830 W Fullerton Ave # 21 Chicago, IL 60614-2034 | when was the dept incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.12 | SPRINT | Last 4 digits of account number | unknown |
| | Nonpriority Creditor's Name | - | |
| | Books and Canada and Canada | When was the debt incurred? | |
| | Bankruptcy Department 6200 Sprint Parkwa | | |
| | Overland Park, KS 66251 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's. Officer an that appro | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.13 | T-Mobile | Last 4 digits of account number | unknown |
| | Nonpriority Creditor's Name | | umanown. |
| | T Mobile Bankruptcy PO Box 37380 | When was the debt incurred? | |
| | Albuquerque, NM 87176-7380 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Oneok an that apply | |
| | Debtor 1 only | Пол | |
| | | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other Specify | |
| | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 21_of 50

Debtor 1 Clemons, Kiersten D. Case number (if know) 4.14 TCF BANK HEADQUARTERS Last 4 digits of account number unknown Nonpriority Creditor's Name When was the debt incurred? **800 BURR RIDGE PARKWAY BURR RIDGE, IL 60521** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.15 Last 4 digits of account number VICTORIA'S SECRET unknown Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 182510 **COLUMBUS, OH 43218-2510** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Fedloan Servicing Line **4.6** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 69184 Part 2: Creditors with Nonpriority Unsecured Claims Harrisburg, PA 17106-9184 Last 4 digits of account number 0002 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address ☐ Part 1: Creditors with Priority Unsecured Claims Fedloan Servicing Line 4.7 of (Check one): PO Box 69184 ■ Part 2: Creditors with Nonpriority Unsecured Claims Harrisburg, PA 17106-9184 Last 4 digits of account number 0001 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? LAKE LAW MAGISTRATE COURT Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number M501 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523-8852

Official Form 106 E/F

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 22 of 50

Debtor 1 Clemons, Kiersten D. Case number (if know) Last 4 digits of account number 1301 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): **Nationwide Credit & Coll** ☐ Part 1: Creditors with Priority Unsecured Claims Attn Collections/Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims 815 Commerce Dr Ste 270 Oak Brook, IL 60523-8852 Last 4 digits of account number 1301 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Nationwide Credit & Collection INC** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims C/O Evergreen Bank Group ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 3219 Oak Brook, IL 60522-3219 Last 4 digits of account number 3857 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **State Collection Service** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6250 ■ Part 2: Creditors with Nonpriority Unsecured Claims Madison, WI 53716-0250 Last 4 digits of account number 7648 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **State Colls** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

2509 S Stoughton Rd

Madison, WI 53716-3314

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

■ Part 2: Creditors with Nonpriority Unsecured Claims

7648

| | | | | 1 | Total Claim |
|-----------------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 7 | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims from Part 2 | 60 | Obligations arising out of a separation agreement or divorce that | | | |
| from Part 2 | 6g. | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 16,235.17 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 16,235.17 |

Last 4 digits of account number

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main

| | | 170.000 | HI FAUE 7.3 ULSU |
|---|-------------------------|-------------------|-------------------------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Kiersten D. Clem | ons | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION |
| Case number | | | |
| (ii kiiowii) | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person o | r company with Name, Numbe | n whom you have the or, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-------------|-------------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | <u> </u> |
| | Nullibei | Sileet | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | <u> </u> |
| | Number | Olleet | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | - · · · · · | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | O.I., | | Ciaio | 2 0000 | |
| | Name | | | | <u> </u> |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | Otate | Zii Code | |
| 2.0 | Name | | | | _ |
| | Hanno | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| | Oily | | State | ZIF COUE | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main

| | | Docume | nt Page 24 d |)T.5() | |
|---------------------------------|---|--------------------------------|------------------------|---|---|
| Fill in this ir | formation to identify your | | | | |
| Debtor 1 | Kiersten D. Clem | ons | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) |) First Name | Middle Name | Last Name | | |
| | s Bankruptcy Court for the: | NORTHERN DISTRICT | | N DIVISION | |
| Office Otate | o Barikiaptoy Coart for the. | TOTALIZATE DIGITAL DI | 0. 122.11010, 27.012.1 | - In the second | |
| Case numbe (if known) | er | | | | Check if this is an |
| Official | Form 106H | | | | amended filing |
| | ıle H: Your Cod | ebtors | | | 12/15 |
| ase number | the entries in the boxes on (if known). Answer every on the but have any codebtors? (If y | question. | | | ditional Pages, write your name and |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have you a, Idaho, Louisiana, Nevada, | | | | states and territories include Arizona, |
| _ | Go to line 3. Did your spouse, former spou | se, or legal equivalent live w | rith you at the time? | | |
| line 2 ag | gain as a codebtor only if th Schedule E/F (Official Form | at person is a guarantor | or cosigner. Make sure | you have listed the cr | with you. List the person shown in reditor on Schedule D (Official Form le E/F, or Schedule G to fill out |
| | olumn 1: Your codebtor me, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D. line | e |
| | ame | | | _ ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | e |
| Nu Ci | umber Street ty | State | ZIP Code | _ | |
| | | | | | |
| 3.2 | ame | | | _ Schedule D, line | |
| INC | •••• | | | ☐ Schedule E/F, I☐ Schedule G, lin | |
| Nı | umber Street | | | _ | |
| Cit | | State | ZIP Code | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 25 of 50

| Fill | in this information to identify your ca | se: | | | | | | | | |
|---------------|--|-------------------------|--|-------------|------|---------|---|-------------------------|--------------------------|------------|
| De | otor 1 Kiersten D. C | Clemons | | | _ | | | | | |
| _ | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | , EASTERN | | | | | | |
| | se number nown) | | - | | | | | ed filing ent showin | g postpetition o | chapter 13 |
| 0 | fficial Form 106I | | | | | Ī | /IM / DD/ ` | /YYY | | |
| S | chedule I: Your Inco | ome | | | | | | | | 12/15 |
| atta | use. If you are separated and your ch a separate sheet to this form. O t1: Describe Employment Fill in your employment | | | | | | nber (if kr | nown). An | swer every qu | |
| | information. | | ■ Employed | | | | Debtor 2 or non-filing spouse ☐ Employed | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ☐ Not emplo | yed | | | | mployed | | |
| | employers. | Occupation | clerk | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | United Stat | es Postal S | ervi | ce | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 47 W North Ave Northlake, IL 60164-3800 | | | | | | | |
| | | How long employed th | nere? 3 y | ears | | | _ | | | |
| Pai | t 2: Give Details About Mont | thly Income | | | | | | | | |
| unle If yo | mate monthly income as of the dat ss you are separated. u or your non-filing spouse have more | than one employer, comb | | | | | | | | |
| spa | ce, attach a separate sheet to this forn | n. | | | | For Del | otor 1 | | ebtor 2 or ing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 3 | ,856.34 | \$ | N/A | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 3,8 | 56.34 | \$_ | N/A | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 26 of 50

| Deb | otor 1 | Clemons, Kiersten D. | _ | Cas | e number (if known) | | | |
|-----|-----------------------|---|---------|------|---------------------|-------------|---------------------------|----------|
| | | | | Fo | r Debtor 1 | | Debtor 2 or filing spouse | |
| | Cop | by line 4 here | 4. | \$ | 3,856.34 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| 0. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 821.32 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$- | 0.00 | \$— | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$- | 249.43 | <u>\$</u> — | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$- | 0.00 | <u> </u> | N/A | |
| | 5e. | Insurance | 5e. | \$ | 228.67 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ _ | 57.96 | \$ | N/A | |
| | 5h. | Other deductions. Specify: Allotment | 5h.+ | \$ | 1,191.67 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,549.05 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,307.29 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ <u> </u> | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | — 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Ado | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 1,307.29 + \$ | | N/A = \$ | 1,307.29 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avoify: | ependen | | • | | ule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | S 12. \$Combine | 1,307.29 |
| 10 | Do. | you expect an increase or decrease within the year after you file this form | 2 | | | | monthly | |
| ١٥. | ■ | you expect an increase or decrease within the year after you file this form No. | | | | | | |
| | | Yes. Explain: | | | | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 27 of 50

| Fill in this | s information to identify your case: | | | | |
|------------------------|---|-----------------------|--------------|----------------------------------|-------------------------------|
| Debtor 1 | Kiersten D. Clemons | | Ched | ck if this is: An amended filing | |
| Debtor 2 | | | . – | A supplement show | ving postpetition chapter 13 |
| (Spouse, i | if filing) | | | expenses as of the | following date: |
| United Sta | ates Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN EASTERN DIVISION | NOIS, | - | MM / DD / YYYY | |
| Case num (If known) | | | | | |
| | ial Form 106J | | • | | |
| | edule J: Your Expenses | | | | 12/1 |
| informat | omplete and accurate as possible. If two married people are tion. If more space is needed, attach another sheet to this fin). Answer every question. Describe Your Household | | | | |
| 1. Is th | his a joint case? | | | | |
| _ | No. Go to line 2. Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | s for Separate Househ | noldof Debto | · 2. | |
| 2. Do | you have dependents? \[\sum_{NO} | | | | |
| | not list Debtor 1 and | Dependent's relation | | Dependent's age | Does dependent live with you? |
| Do | not state the | | | | □ No |
| | pendents names. | Daughter | | 7 | Yes |
| | | | | | □ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | □ No □ Yes |
| | | | | - | □ No |
| | | | | | ☐ Yes |
| | your expenses include No | _ | | | |
| • | penses of people other than urself and your dependents? | | | | |
| | Estimate Your Ongoing Monthly Expenses e your expenses as of your bankruptcy filing date unless yes as of a date after the bankruptcy is filed. If this is a suppole date. | | | | |
| value of | expenses paid for with non-cash government assistance if such assistance and have included it on Schedule I: Your Form 106I.) | | | Your exp | enses |
| , σσιαι | ·, | | | | |
| | e rental or home ownership expenses for your residence. In ments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 0.00 |
| If no | ot included in line 4: | | | | |
| 4a. | Real estate taxes | | 4a. \$ | 5 | 0.00 |
| 4b. | Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| 4c. | Home maintenance, repair, and upkeep expenses | | 4c. \$ | · | 0.00 |
| 4d. | Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. Add | ditional mortgage payments for your residence, such as ho | me equity loans | 5. \$ | i | 0.00 |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 28 of 50

| Deb | tor 1 Clemons, Kiersten D. | Case number (if known) | |
|------------|--|---------------------------------------|--------------------------|
| 6. | Utilities: | | |
| ٥. | 6a. Electricity, heat, natural gas | 6a. \$ | 0.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 0.00 |
| | 6d. Other. Specify: | 6d. \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. \$ | |
| | . • | · | 0.00 |
| 8. | Childcare and children's education costs | 8. \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ | 0.00 |
| | Personal care products and services | 10. \$ | 0.00 |
| 11. | • | 11. \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | 12. \$ | 0.00 |
| 10 | Do not include car payments. | · · · · · · · · · · · · · · · · · · · | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| 14. | 3 · · · · · · · · · · · · · · · · · · · | 14. \$ | 0.00 |
| 15. | Insurance. | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | 150 ¢ | 0.00 |
| | 15a. Life insurance | 15a. \$ | 0.00 |
| | 15b. Health insurance | 15b. \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. \$ | 0.00 |
| | 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | _ |
| | Specify: | 16. \$ | 0.00 |
| 17. | Installment or lease payments: | 47o • | 0.00 |
| | 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | 17c. Other. Specify: | 17c. \$ | 0.00 |
| | 17d. Other. Specify: | 17d. \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as | i 18. \$ | 0.00 |
| 10 | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | · | |
| y . | Other payments you make to support others who do not live with you. | \$ | 0.00 |
| 20 | Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sche | 19. | |
| ٠٠. | 20a. Mortgages on other property | 20a. \$ | 0.00 |
| | | 20b. \$ | |
| | 20b. Real estate taxes | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. | Other: Specify: | 21+\$ | 0.00 |
| 22. | Calculate your monthly expenses | | |
| | 22a. Add lines 4 through 21. | \$ | 0.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| | | | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 0.00 |
| 23. | Calculate your monthly net income. | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 1,307.29 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 0.00 |
| | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 00- | 4 207 20 |
| | The result is your monthly net income. | 23c. \$ | 1,307.29 |
| ۰, | B | on the data town 0 | |
| 24. | Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect yo | | or docrosso because of a |
| | modification to the terms of your mortgage? | ui mongage payment to increase | or decrease because of a |
| | No. | | |
| | Yes, Explain here: | | |
| | LI TES. I EXDIAITITIETE. | | |

| modification to the t | enns of your mongage: |
|-----------------------|-----------------------|
| ■ No. | |
| ☐ Yes. | Explain here: |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 29 of 50

| Fill in this inform | nation to identify your | case: | | | |
|---------------------------------|-------------------------------------|--------------------------|-----------------------------------|-------------------------|------------------------------------|
| Debtor 1 | Kiersten D. Clem | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EASTERN DIVI | ISION | |
| Case number | | | | | |
| (if known) | | | | - I | Check if this is an amended filing |
| Official Form | | an Individuu | al Debtor's Sch | ndulae | |
| Declara | HOIT ADOUL | all illulviuud | ai Debioi 3 Scile | | 12/15 |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 n Below | | nkruptcy case can result in fine: | | • |
| Did you pa | y or agree to pay some | one who is NOT an atto | orney to help you fill out bankru | iptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy Petil | |
| | | | | Declaration, and Signat | ure (Official Form 119) |
| | | that I have read the sur | mmary and schedules filed with | this declaration and | |
| that they are | e true and correct. | | | | |
| X AT NO | ween'le | more | x | | |
| | en D. Clemons | - · · · · - | Signature of Debi | tor 2 | |
| Signatu | re of Debtor 1 | | • | | |

| ' | Case 10-24769 | Docume Docume | |) | Desc Main |
|---|--------------------------|--------------------------|--------------------------|--------|--------------------------------------|
| Fill in this inf | ormation to identify you | r case: | | | |
| Debtor 1 | Kiersten D. Cle | | Loot Nome | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Middle Name | Last Name Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIV | 'ISION | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official F | Form 106Sum | | | | |

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|--|--------------|-----------------------------|
| | | Your as | ssets what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,850.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 3,850.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | Your lia | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 16,235.17 |
| | Your total liabilities | \$ | 16,235.17 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 1,307.29 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 0.00 |
| Pai | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your or | ther schedul | es. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159. | ersonal, fam | ily, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this be court with your other schedules. | ox and subm | it this form to the |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 31 of 50

Debtor 1 Clemons, Kiersten D. Document Page 31 of 50 Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 32 of 50

| Fi | ll in th | nis inform | ation to identify you | r case: | | | 2 |
|-----------|--------------------|-------------------------------------|--|--|---|---|---|
| De | ebtor ' | 1 | Kiersten D. Cler | mons | | | |
| _ | htor ' | 2 | First Name | Middle Name | Last Name | | |
| | ebtor 2 ouse if | 55 Santa 12 | First Name | Middle Name | Last Name | | |
| Ur | nited S | States Ban | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS, EASTERN DIV | ISION | |
| | .a.c. n. | ımbor | | | | | |
| 10000 | (nown) | ımber | | | | 1 - | Check if this is an amended filing |
| | | | m 107 | | | | |
| St | ate | ment | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| info | ormat | ion. If mo | | | | qually responsible for suppl additional pages, write your | |
| Pa | ırt 1: | Give De | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | Wh | at is your | current marital statu | s? | | | |
| | | Married Not marr | ed | | | | |
| 2. | Dur | ring the las | st 3 years, have you | lived anywhere other than w | where you live now? | | |
| | | No | | | | | |
| | | Yes. List | all of the places you liv | ved in the last 3 years. Do not i | include where you live now. | | |
| | De | btor 1 Prid | or Address: | Dates Debtor 1 there | lived Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. sta | | | | | | cy property state or territory co, Texas, Washington and W | |
| | | No Yes. Mak | e sure you fill out Sch | edule H: Your Codebtors (Offic | cial Form 106H). | | |
| Pa | ırt 2 | Explain | the Sources of You | r Income | | | |
| 4. | Fill | in the total ou are filing No | amount of income yo | nployment or from operating u received from all jobs and a nave income that you receive to | Il businesses, including part- | | dar years? |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | of current year until for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$23,582.66 | ☐ Wages, commissions, bonuses, tips | |
| _ | | | | ☐ Operating a business | · · · · · · · · · · · · · · · · · · · | ☐ Operating a business | |
| | | t calendar ry 1 to Dec | year: ember 31, 2015) | ■ Wages, commissions, bonuses, tips | \$35,289.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| Offi | -:-! | 407 | | Ctatament of Financial Aff | faire for Individuals Filing for B | ankmintou | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 33 of 50

| Debtor 1 Clemons, Kiersten D. | | | | Case number (if known) | | | | | |
|-------------------------------|---------------------------------------|---|--|--|---|--|--|--|--|
| | | | | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of Income Check all that apply. | Gross Income (before deductions and exclusions) | | |
| | | ndar year be o December | | ■ Wages, commissions, bonuses, tips | \$36,860.00 | ☐ Wages, commission bonuses, tips | ons, | | |
| | | | | Operating a business | | Operating a busin | ess | | |
| 5. | Include ir other put you are fi | ncome regard blic benefit pa iling a joint ca | iless of whether yments; pensionse and you have | ns; rental income; interest; div e income that you received too | ples of other income are alime idends; money collected from gether, list it only once under [| lawsuits; royalties; and g Debtor 1. | al Security, unemployment, angambling and lottery winnings. | | |
| | _ | source and t | he gross incom | e from each source separately | y. Do not include income that | you listed in line 4. | | | |
| | □ No ■ Yes | . Fill in the d | etails. | | | | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) | | |
| | | ry 1 of curre filed for ba | nt year until nkruptcy: | Child Support | \$2,000.00 | | | | |
| | | ndar year: o December | 31, 2015) | Child Support | \$4,760.00 | | | | |
| Par | t 3: Lis | st Certain Pa | nyments You I | Made Before You Filed for E | Bankruptcy | | | | |
| 6. | Are eithe | Neither D | ebtor 1 nor De | debts primarily consumer obtor 2 has primarily consulersonal, family, or household | mer debts. Consumer debts | are defined in 11 U.S.C. | § 101(8) as "incurred by an | | |
| | | During the | 90 days before Go to line 7. | e you filed for bankruptcy, did | you pay any creditor a total of | \$6,425* or more? | | | |
| | | □ Yes | creditor. Do payments to | not include payments for don an attorney for this bankruptc | nestic support obligations, su y case. | ch as child support and | d the total amount you paid tha alimony. Also, do not include | | |
| | | • | • | on 4/01/19 and every 3 years a | | after the date of adjustme | ent. | | |
| | Yes | | | both have primarily consults you filed for bankruptcy, did | | \$600 or more? | - | | |
| | | ■ No. | Go to line 7. | | | | | | |
| | | □ _{Yes} | | | | | hat creditor. Do not include de payments to an attorney for | | |
| | Credito | r's Name an | d Address | Dates of payme | nt Total amount paid | Amount you Wa | s this payment for | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Page 34 of 50 Document Debtor 1 Clemons, Kiersten D. Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. □ No Yes. List all payments to an insider. Insider's Name and Address **Dates of payment Total amount Amount you** Reason for this payment still owe paid Joy Williams monthly \$500.00 \$0.00 Debtor pays grandmother 823 S 13th Ave \$500 per month for every Maywood, IL 60153-1801 month that Debtor and Debtor's daugher reside in house owned by Grandmother. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Amount you** Insider's Name and Address **Total amount** Reason for this payment **Dates of payment** still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ Yes. Fill in the details. Nature of the case Court or agency Status of the case Case title Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes Fill in the details. Describe the action the creditor took Date action was Amount Creditor Name and Address taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

■ No □ Yes

court-appointed receiver, a custodian, or another official?

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Page 35 of 50 Document

| De | Clemons, Kiersten D. | Case numb | Per (if known) | |
|-----|--|---|---|---------------------------|
| | | | | |
| Pa | t 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift. | tcy, did you give any gifts with a total value of more | than \$600 per person? | |
| | Gifts with a total value of more than \$600 person | per Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or contri | tcy, did you give any gifts or contributions with a to | tal value of more than \$ | 600 to any charity? |
| | | | Dates was | V-1 |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | al Describe what you contributed | Dates you contributed | Value |
| Pa | t 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankrupto or gambling? | ey or since you filed for bankruptcy, did you lose an | ything because of theft, | fire, other disaster, |
| | No Yes. Fill in the details. | | | |
| | how the loss occurred | escribe any Insurance coverage for the loss notice the amount that insurance has paid. List pending asurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pai | 17: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or pre | cy, did you or anyone else acting on your behalf pay paring a bankruptcy petition? arers, or credit counseling agencies for services required | | y to anyone you |
| | □ No | | | |
| | = | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Heller & Richmond, Ltd. 33 N Dearborn St Ste 1907 Chicago, IL 60602-3828 | 0.00 | 07/25/16 | \$650.00 |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credite Do not include any payment or transfer that you | cy, did you or anyone else acting on your behalf pay ors or to make payments to your creditors? I listed on line 16. | or transfer any propert | y to anyone who |
| | ■: No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid | Description and value of any property | Date payment or | Amount of |
| | Address | transferred | transfer was made | payment |
| 18. | Within 2 years before you filed for bankrup | tcy, did you sell, trade, or otherwise transfer any properties or financial affairs? | operty to anyone, other | than property |

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 36 of 50

Clemons, Kiersten D. Case number (if known)

| De | Clemons, Klersten D. | | | Case number (if known) | |
|-----|---|--|--|---|--|
| | | | | | |
| | gifts and transfers that you have already listed | on this statement. | | | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Received Transfer Address | property transferred pay | | Describe any property or payments received or debts | Date transfer was made |
| | Person's relationship to you | paid in exchange | | | |
| 10 | Vithin 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a | | | | |
| 10. | beneficiary? (These are often called asset-protection devices.) | | | | |
| | No Yes. Fill in the details. | | | | |
| | | Doggrintian and | Description and value of the property transferred | | |
| | Name of trust | Description and | | | |
| Pa | rt 8: List of Certain Financial Accounts, Ir | nstruments, Safe Depos | it Boxes, and Sto | rage Units | |
| | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? | | | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | |
| | No State de | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of according to the contract of the contr | unt or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | PNC | xxxx- | ☐ Checking | 03/16 | \$225.00 |
| | | | ☐ Savings | 337.13 | V 220.00 |
| | | | ☐ Money Mar | rket | |
| | | | ☐ Brokerage | | |
| | | | Other_deb | <u>oit</u> | |
| | | | <u>card</u> | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | |
| | ■ · No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution | Who else had access to it? Describe the contents | | | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | | | have it? |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility | Who else has o | r had access | Describe the contents | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | | | bosonibo and contonia | have it? |
| Pa | art 9: Identify Property You Hold or Contro | ol for Someone Else | | | |
| 23. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pi (Number, Street, Cit Code) | | Describe the property | Valu |
| | , | • | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 37 of 50

| De | btor 1 | Clemons, Kiersten D. | | Case number(if known) | | | | |
|---|--|---|--|---|-----------------------|--|--|--|
| | | | | | | | | |
| Pa | rt 10: | Give Details About Environmental Info | rmation | | | | | |
| or | the r | ourpose of Part 10, the following definition | ns apply: | | | | | |
| _ | | | | | | | | |
| | Envi | ironmental law means any federal, state, c substances, wastes, or material into the | or local statute or regulation concerning | pollution, contamination, release | es of hazardous or | | | |
| | | trolling the cleanup of these substances, | | ter, or other medium, including st | atutes or regulations | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | |
| | | ardous material means anything an envir erial, pollutant, contaminant, or similar te | | ste, hazardous substance, toxic s | substance, hazardous | | | |
| (ep | ort a | Il notices, releases, and proceedings that | you know about, regardless of when the | ey occurred. | | | | |
| 4. | Has | any governmental unit notified you that | you may be liable or potentially liable un | der or in violation of an environn | nental law? | | | |
| | _ | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site | Governmental unit | Environmental law, if you | Date of notice | | | |
| | | dress (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | know it | 2415 01 110400 | | | |
| 5. | Have | e you notified any governmental unit of a | any release of hazardous material? | | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 6. | Hav | ve you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | |
| | _ | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | Cas | se Title | Court or agency | Nature of the case | Status of the | | | |
| | Cas | se Number | Name Address (Number, Street, City, State and ZIP Code) | | case | | | |
| Pai | rt 11: | Give Details About Your Business or C | Connections to Any Business | | | | | |
| | | nin 4 years before you filed for bankrupto | | of the following connections to an | v husinoss? | | | |
| | AAILI | | sy, thu you own a business of have any to | | y business r | | | |
| | | | | · | | | | |
| | | _ | any (LLC) or limited liability partnership (| LLP) | | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing exe | cutive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | | |
| No. None of the above applies. Go to Part 12. | | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business. | | 4 | | | |
| | | siness Name dress | Describe the nature of the business | Employer Identification numi Do not include Social Securit | | | | |
| | | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Datas business evisted | ., | | | |
| | | | | I ISTAR DIIRIDARE AVIRTAM | | | | |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 38 of 50

| Debtor | 1 Clemons, Kiersten D. | Case number (if known) |
|---|--|---|
| | thin 2 years before you filed for bankruptc titutions, creditors, or other parties. | , did you give a financial statement to anyone about your business? Include all financial |
| | No Yes. Fill in the details below. | |
| A | ame didress umber, Street, City, State and ZIP Code) | Date Issued |
| Part 12 | Sign Below | |
| true and bankruj 18 U.S.C Kierst | d correct. I understand that making a false otcy case can result in fines up to \$250,000 c. §§ 152, 1341, 1519, and 3571. | ncial Affairs and any attachments, and I declare under penalty of perjury that the answers are statement, concealing property, or obtaining money or property by fraud in connection with a , or imprisonment for up to 20 years, or both. Signature of Debtor 2 |
| Signati | ure of Debtor 1 | |
| Date | July 25, 2016 | Date |
| Did you ■ No □ Yes | attach additional pages to Your Statemen | t of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you | pay or agree to pay someone who is not a | n attorney to help you fill out bankruptcy forms? |
| = NO | | |

☐ Yes. Name of Person_____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Acl Laboratories 111 N Wabash Ave Ste 1600 Chicago, IL 60602-3051

Bonnie Brook Apartments 1919 N Lewis Ave Waukegan, IL 60087-4739

CAPITAL ONE BANK 11013 W. Broad St. Glen Allen, VA 23060

CITY OF CHICAGO Department of Revenue PO Box 88292 Chicago, IL 60680-1292

Elmhurst Radiologists 44000 Garfield Rd Clinton Township, MI 48038-1125

Fed Loan Serv PO Box 60610 Harrisburg, PA 17106-0610

Fedloan Servicing PO Box 69184 Harrisburg, PA 17106-9184 Loyola University Health Syste 2160 S 1st Ave Maywood, IL 60153-3328

Loyola University Health Systems 2160 S 1st Ave Maywood, IL 60153-3328

Loyola University Medical Center PO Box 3021 Milwaukee, WI 53201-3021

MID AMERICA BANK 1830 W Fullerton Ave # 21 Chicago, IL 60614-2034

Nationwide Credit & Co 815 Commerce Dr Ste 270 Oak Brook, IL 60523-8852

Nationwide Credit & Coll Attn Collections/Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523-8852

Nationwide Credit & Collection INC C/O Evergreen Bank Group PO Box 3219
Oak Brook, IL 60522-3219

SPRINT
Bankruptcy Department 6200 Sprint Parkwa
Overland Park, KS 66251

State Collection Service PO Box 6250 Madison, WI 53716-0250

State Colls 2509 S Stoughton Rd Madison, WI 53716-3314

T-Mobile T Mobile Bankruptcy PO Box 37380 Albuquerque, NM 87176-7380

TCF BANK HEADQUARTERS 800 BURR RIDGE PARKWAY BURR RIDGE, IL 60521

VICTORIA'S SECRET P.O. BOX 182510 COLUMBUS, OH 43218-2510 Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 42 of 50

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No |
|--|---|
| Clemons, Kiersten D. | Chapter 7 |
| Del | otor(s) |
| VE | RIFICATION OF CREDITOR MATRIX |
| | Number of Creditors12 |
| The above-named Debtor(s) hereby verif | ies that the list of creditors is true and correct to the best of my (our) knowledge. |
| Date: July 25, 2016 | Thurster (60 mors) |
| | Debtor |
| | |
| _ | |
| ĭ | oint Debtor |

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 43 of 50

| Fill in this informa | ition to identify your o | case: | | . |
|--------------------------------------|---|------------------------|--|--|
| Debtor 1 | Kiersten D. Clem | ons | | 7 |
| | First Name | Middle Name | Last Name | } |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bank | cruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS, EASTERN DIVISION | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| L | | **** | | amended filing |
| | | | | |
| Official For | | | | |
| Statement | t of Intentio | n for Indiv | iduals Filing Under Chap | ter 7 12/15 |
| | | | | |
| | dual filing under char | • • | out this form if: | |
| _ | claims secured by you | • • • | overland | |
| You must file this f | | ithin 30 days after yo | expired. ou file your bankruptcy petition or by the date se time for cause. You must also send copies to the | |
| | ple are filing together the form. | in a joint case, both | are equally responsible for supplying correct in | nformation. Both debtors must sign |
| • | d accurate as possibl ir name and case nun | • | eeded, attach a separate sheet to this form. On t | the top of any additional pages, |
| Part 1: List You | r Creditors Who Have | Secured Claims | | |
| | | | O | 10(5) 11 5 mm 400D 50 mm |
| 1. For any creditor information belo | • | π 1 of Schedule D: (| Creditors Who Have Claims Secured by Property | / (Official Form 106D), fill in the |
| Identify the cred | itor and the property t | nat is collateral | What do you intend to do with the property tha secures a debt? | at Did you claim the property as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | |
| Description of | | | Retain the property and enter into a Reaffirmation | on 🗆 Yes |
| property | | | Agreement. Retain the property and [explain]: | |
| securing debt: | | | | |
| Creditada | | | | |
| Creditor's name: | | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| namo. | | | Retain the property and redeem it. | on 🗆 Yes |
| Description of | | | Agreement. | <i></i> |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | | | _ |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | |
| | | | ☐ Retain the property and enter into a Reaffirmation | on 🗆 Yes |
| Description of | | | Agreement. | |
| property securing debt: | | | ☐ Retain the property and [explain]: | |
| occaining dest. | | | | |
| Creditor's | | | ☐ Surrender the property. | □ No |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 44 of 50

| Debtor 1 Clemons, Kiersten D. | Case number (if known) | |
|---|---|---|
| name: Description of property securing debt: | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| | | |
| Part 2: List Your Unexpired Personal Property Leases for any unexpired personal property lease that you listed the information below. Do not list real estate leases. Une may assume an unexpired personal property lease if the | d in Schedule G: Executory Contracts and Unexpired xpired leases are leases that are still in effect; the leas | Leases (Official Form 106G), fill in e period has not yet ended. You |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Part 3: Sign Below | | |
| Under penalty of perjury, I declare that I have indicated r | ny intention about any property of my estate that sec | ures a debt and any personal |
| There are Manager | ¥ | |
| Kiersten D. Clemons Signature of Debtor 1 | Signature of Debtor 2 | |
| - | Date | |
| Date <u>July 25, 2016</u> | Date | |

 $_{B201B\;(Form\;2}\text{Case}_{12/19}\text{6-24769}$

Doc 1 Filed 08/02/16

Entered 08/02/16 10:38:11

Desc Main

Date

Document Page 45 of 50 United States Bankruptcy Court

Northern District of Illinois, Eastern Division

IN RE: Case No. Clemons, Kiersten D. Chapter 7 Debtor(s)

| | § 342(b) OF THE BANKRUPTCY CODE | |
|--|--|---|
| Certificate of | [Non-Attorney] Bankruptcy Petition Preparer | |
| I, the [non-attorney] bankruptcy petition prepare notice, as required by § 342(b) of the Bankruptcy | signing the debtor's petition, hereby certify that I delivered Code. | ed to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Pet Address: | petition prepare the Social Secu principal, respo | number (If the bankruptcy er is not an individual, state arity number of the officer, onsible person, or partner of petition preparer.) |
| X | | 1 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of offi partner whose Social Security number is provide | | |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have rece | eived and read the attached notice, as required by § 342(b) | of the Bankruptcy Code. |
| Clemons, Kiersten D. | X /s/ Kiersten D. Clemons | 8/02/2016 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

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Case 16-24769

Doc 1 Filed 08/02/16 Document

Page 46 of 50

Entered 08/02/16 10:38:11 Desc Main

B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|--|--|--|
| Clemons, Kiersten D. | Chapter 7 | |
| | ON OF NOTICE TO CONSU 342(b) OF THE BANKRUP | • • |
| Certificate of [| Non-Attorney Bankruptcy | Petition Preparer |
| I, the [non-attorney] bankruptcy petition preparer notice, as required by § 342(b) of the Bankruptcy | | eby certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Peti Address: | tion Preparer | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) |
| X | er, principal, responsible person, | (Required by 11 U.S.C. § 110.) |
| partner whose Social Security number is provided | | |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received | ved and read the attached notice, | as required by § 342(b) of the Bankruptcy Code. |
| Clemons, Kiersten D. Printed Name(s) of Debtor(s) | X Signature of | of Debtor Dat |
| Timed Name(s) of Decici(s) | Jigilature C | n Debitor Dat |
| Case No. (if known) | X | |
| | Signature o | of Joint Debtor (if any) Dat |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 47 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Clemons, Kiersten D. | | Case No. | | |
|----------|---|--|-------------------------|-------------------------|-------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | DRNEY FOR D | EBTOR | |
| C | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of of | of the petition in bankruptcy | y, or agreed to be paid | to me, for services ren | |
| | For legal services, I have agreed to accept | | \$ | 650.00 | |
| | Prior to the filing of this statement I have received | | \$ | 650.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | he source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | he source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. ■ | I have not agreed to share the above-disclosed compension. | sation with any other persor | n unless they are mem | bers and associates of | my law |
| | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | w firm. A |
| 5. I | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| b. c. | Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors. [Other provisions as needed] | ent of affairs and plan whic | h may be required; | • | uptcy; |
| 6. B | y agreement with the debtor(s), the above-disclosed fee d | oes not include the following | ng service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of any a inkruptcy proceeding. | greement or arrangement for | or payment to me for i | epresentation of the de | ebtor(s) in |
| Αι | igust 2, 2016 | /s/ Michael R. Ric | chmond | | |
| Da | | Michael R. Richn | | | _ |
| | | Signature of Attorne Heller & Richmore | | | |
| | | 33 N Dearborn St | t Sto 1907 | | |
| | | Chicago, IL 6060 | | | |
| | | (312) 781-6700 F | Fax: (312) 781-6732 | ! | |
| | | mrichmond@hel | lerrichmond.com | | _ |
| | | Name of law firm | | | |

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 27th day of May, 2016 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 Kiersten D. Clemons (hereinafter referred to as "Client") of Maywood, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

- 1. Professional Legal Services to be Provided.
 - A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
 - Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file
 a petition in bankruptcy;
 - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
 - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
 - 4. Other:
 - B. Professional legal services to be provided by "Attorney" to "Client shall not include:
 - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
 - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or
 - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
 - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- 2. Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client" \$650.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars** (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -0- secured creditors;
- b. -*- unsecured creditors; (*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -0- law suits pending against him/her;
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor:
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client" s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- 1. \$250.00 upon the execution of this agreement;
- 2. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$1,045.00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 49 of 50

4. Termination of Agreement.

the following:

- A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.
 - B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to
 - 1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
 - 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
 - 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

5. "Client" acknowledgment.

A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.

B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.

C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.

- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
 - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her signature(s) thereto.

** costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

By:

HELLER & RICHMOND, LTD. 33 N. Dearborn Street Suite 1907 Chicago, IL 60602 (312) 781-6700 AGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT

Kiersten D. Clemons

By affixing my signature above, I hereby certify that I have not filed any petition for bankruptcy within the past 8 years, except as otherwise noted as follows:

| NONE | | |
|------|--|--|
| | | |
| | | |
| | | |
| | | |

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.

Case 16-24769 Doc 1 Filed 08/02/16 Entered 08/02/16 10:38:11 Desc Main Document Page 50 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Clemons, Kiersten D. | | Case No. | |
|-------------|--|--|---------------|--------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSAT | TION OF ATTORNE | Y FOR D | EBTOR |
| С | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cerompensation paid to me within one year before the filing of the e rendered on behalf of the debtor(s) in contemplation of or in c | petition in bankruptcy, or agr | eed to be pai | d to me, for services rendered or to |
| | For legal services, I have agreed to accept | | <u></u> | 650.00 |
| | Prior to the filing of this statement I have received | | <u> </u> | 650.00 |
| | Balance Due | | <u> </u> | 0.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. I | I have not agreed to share the above-disclosed compensation firm. I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the | h a person or persons who are | not member | rs or associates of my law firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to render leg- | | | |
| b c. | Analysis of the debtor's financial situation, and rendering adv. Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and co. [Other provisions as needed] | affairs and plan which may b | e required; | |
| 6. E | sy agreement with the debtor(s), the above-disclosed fee does no | ot include the following service | :e: | |
| | CERT | IFICATION | | |
| | certify that the foregoing is a complete statement of any agreem inkruptcy proceeding. | nent or arrangement for payment | ent to me for | representation of the debtor(s) in |
| Ju | ıly 25, 2016 | /s/ Michael R. Richmon | d b | |
| Do | | Michael R. Richmond | | |
| | | Signature of Attorney Heller & Richmond, Ltd | • | |
| | | 33 N Dearborn St Ste 19 Chicago, IL 60602-3828 (312) 781-6700 Fax: (3: mrichmond@hellerrich Name of law firm | 12) 781-673 | ·2 |